



**Stanislaus County Office of Education  
Health Services  
presents**



A Program for School Nurses

**Friday, November 1, 2013**

**8:00am - 5:00pm**

(Registration and continental breakfast 8:00-8:30am)

**Health Education Conference Center**

1700 McHenry Ave Suite 60 B  
Modesto, CA 95355

• **H.A.N.D.S.<sup>SM</sup> Objectives (summarized):**

1. Apply current diabetes management knowledge and skills to ensure that all students with diabetes are able to participate fully in their education in a safe environment.
2. Articulate the critical role of the school nurse in providing safe and effective diabetes management at school.

• **Description:**

H.A.N.D.S.<sup>SM</sup> is an educational program developed by the National Association of School Nurses. Course materials include a H.A.N.D.S.<sup>SM</sup> Participant manual and numerous resources to support school nursing practice as it relates to diabetes management. 6.5 CNE Contact Hours are provided.

• **Registration:**

Form with complete payment must be received by, Friday, October 25, 2013. After October 25th, registrations will not be accepted. No on-site registration. No refunds. Confirmation of registration will be sent via email. You may contact Andrea Brandt for questions at (209)238-1780 or [abrandt@stancoe.org](mailto:abrandt@stancoe.org). [click here](#) to begin registration online.

*The National Association of School Nurses, Inc. is accredited as a provider of continuing education by the American Nurses Association Credentialing Center's Commission on Accreditation.*

**Please detach this portion, complete and return along with check/money order to:**

Stanislaus County Office of Education, Health Services Department, 1100 H Street, Modesto, CA 95354

Cost: \$100.00 CSNO / NASN Members/ or LVN/RNstudents Member ID# \_\_\_\_\_

\$125.00 Non Members

\_\_\_\_\_ Amount enclosed Check # \_\_\_\_\_.

Payment includes: H.A.N.D.S.<sup>SM</sup> participant manual, breakfast, lunch, and 6.5 CNE Contact Hours

Name: \_\_\_\_\_ Licensure: RN ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_ Phone: \_\_\_\_\_